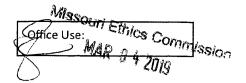


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov





1.	Statement Information Date: 2/19/19	1,727,84	
	Type: New Amended (if amending, enter MEC ID C	000355 & section o	thanged 2
2.	Committee Information	* * * * * * * * * * * * * * * * * * * *	
J.	Taxpayers in Support of Public Education		
	Name of Committee		F72 / 11/1 O ()
	9 7in		(573) 644-961 Telephone Number
	Official Committee Email Address	County Clerk or Board of Election Commis	sioners
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuir	ng (PAC) 🗌 Debt Service 🔲 Ex	ploratory 🗌 Political Party
3.	Treasurer/Deputy Treasurer Information		
	Treasurer's Name (First & Last)	Treasurer's Email Address (optional)	
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (option	al)
	David Tangana Majilia Adding Ch. Centa 9 7:	Dep. Treasurer's Home Telephone Numbe	() Per Dep. Treasurer's Work Telephone Number
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Numbe	er Dep. Treasurer's work Telephone Number
4.	Additional Committee Information		
	Additional Committee Offficer's Name & Title (if any)	Additional Committee Officer's Mailing Ad	ddress, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Addres	s, City, State, & Zip
	CANDIDATES: Do you have more than one candidate committee	tee? Yes (refer to instructions o	n hack) No
5.	Official Bank Account Information (required by all committee		M Back) 110
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6.	Candidate Supported or Opposed (candidate committees me	ust include self, if candidate)	
		()	()
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committe	es Only)
	Election Date Office Sought & Political Subdivision	Political Posts	Support or Occasion
	<u> </u>	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committee	es must complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
_			Sapport of Oppose
8.	Signature(s) Check certification(s) & sign (required by all committees)		
	■ I affirm and attest under penalty of perjury that information		
	further acknowledge that I am aware that any false statement	. or declaration made nerein is pt	inishable under Ch. 575 KSMO.
	C Duan Cull	Candidate (Candidate Committees Only)	
	Committee Treasurer		